

Foster Family Home - Corrective Action Report

Provider ID: 1-625262

Home Name: Charitie Gamiao, CNA

99-314 A Eke Place

Aiea HI 96701

Review ID: 1-625262-7

Reviewer: Maribel Nakamine

Begin Date: 2/20/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Visit made.

Corrective action document issued. CAP due by 3/20/2020.

See attached document for items reviewed.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- APS/CAN lapsed for CG#1 on 4/14/19 and renewed on 8/22/19; CG#2 lapsed on 8/18/19 and renewed on 8/22/19; CG#3 lapsed on 1/3/2020 and renewed on 1/7/2020; CG#4 lapsed on 7/19/19 and renewed on 7/26/19; and CG#5 lapsed on 12/28/19 and renewed on 1/7/2020.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff- Last entry on the Client-Sign Out Sheet was dated 2/2/19. CG#1 was not in home today and CG#3 (NA3) was noted as being in the home as a substitute caregiver. No entry noted on the sign-out sheet for today 2/20/2020.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegations for CG#1, CG#2, CG#3, CG#4, and CG#5 on [REDACTED] administration, and [REDACTED] as evidenced by each delegations forms without the signatures of all caregivers for Client #2.

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Foster Family Home

Fire Safety

[11-800-46]

- 46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

- 46.(a)- No monthly Fire Drills conducted for the past 12 months. Last Fire Drill form completed dated on 2/7/2019.

Foster Family Home

Medication and Nutrition

[11-800-47]

- 47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

- 47.(c)- No list of medications side effects noted in Client #1's chart/binder.

Foster Family Home

Physical Environment

[11-800-49]

- 49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

- 49.(a)(1)- No non-skid mat seen in clients' bathroom shower.

Foster Family Home

Records

[11-800-54]

- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
54.(c)(5) Medication schedule checklist;

Comment:

- 54.(c)(2)- Last service plan in Client #1's chart was dated 3/2018; Client #3's was dated 8/23/18. For Client #2, the Service Plan stated that caregiver to administer [redacted] and to perform client's [redacted] per CG#1, client #2 had been administering [redacted]

- 54.(c)(5)- Medication discrepancies noted for all clients.

Client #1- 1 medication does not match bottle label, Medication Administration Record, and doctor's order.

Client #2- one medication had an expiration date of 4/2019; 1 medication [redacted] had been on hold since 1/2020 without a doctor's order; and one medication was not available with current MD order and listed in the Medication Administration Record.

Client #3- two medications labels do not match the MD orders and Medication Administration Record.

Maikel Nakamura, MA
Compliance Manager

Date

2/20/2020

[Signature]
Primary Care Giver

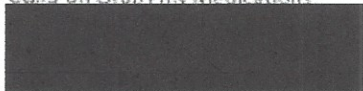
Date

02.20.2020

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Charitie Gamiao

CCFFH Address: 99-314 A Eke Place, Unit 2, Aiea, HI 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(2)	CG#1 showed CTA Compliance Manager the current APS/CAN for CG#1, CG#2, CG#3, CG#4, and CG#5 during home visit. Documents were filed in home binder.	2/20/2020	CG#1 will utilize a manual calendar to schedule due dates 2 months in advance to prevent future lapses. Calendar will be posted in CG#1's office wall.
(3P)(b)(2) Staff	CG#1 initiated a Client Sign Out Sheet on 2/21/2020. Form filed in home binder	2/21/2020	In the future, CG#1 will ensure that all caregivers will sign in and sign out of the home when leaving and returning.
43.(c)(3)	RN delegation was done and signed by CG#1, CG#2, CG#3, CG#4, and CG#5 on Oral/PRN Medications  Monitoring for Client#2. Documents were filed on Client#2's folder. Copies faxed to Case Management Agency.	2/26/2020	CG#1 will notify Case Manager and all the substitute caregivers at least 1 week prior to admission for RN Delegations. CG#1 will verify signature page in each caregiver right after delegations. Copies will be given to Case Manager.
46.(a)	Fire Drill performed by CG#1 on 2/21/2020. Documents filed in home folder.	2/21/2020	CG#1 will begin using Phone Calendar for reminder in every month fire drill in the home to be performed by every caregiver in different times.
47.(c)	CG#1 created resource binder and collected all the medications side effects given by the pharmacy on each client's medication. The lists were filed in Client's Chart.	2/21/2020	Every time there is a new medication order by the doctor, CG#1 will file and review all the side effect list of medication on to the Resource Binder.
49.(a)(1)	CG#1 purchased and placed non-slip bathmat in the shower.	2/21/2020	CG#1 will keep in place bathmat in the shower all the time and will be clean and sanitize every use.

Primary Caregiver's Signature: _____

Print Name: CHARITIE GAMIAO Date of Signature: 03-05-2020

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Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Charitie Gamiao

CCFFH Address: 99-314 A Eke Place, Unit 2, Aiea, HI 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.(c)(2)	Service Plan for Client#1, Client#2, Client#3 was updated by Case Manager and sent a copy to CG#1. CG#1 filed in Client's designated folder. CG#1 obtained Client#2 MD Order for Client able to administer all her medications including [REDACTED] Order was also sent to Case Management Agency.	2/21/2020	CG#1 need to check all the Client's folder to make sure its all updated. CG#1 should remind Case Manager to give a copy of updated service plan to be filed on Client's folder 1 month ahead before expiration dates. CG#1 should always notify PCP and Case Manager for any changes. MD's order must be obtained for any specific changes affecting the level of care, such as Client's condition, or medication.
54.(c)(5)	For Client#1, CG#1 called PCP to verify the discrepancy between the medication bottle label and the doctor's order. PCP corrected the order. For Client#2, CG#1 and Client#2 visited PCP 02/21/2020 to obtained medication refill for expired and run out medications. MD's order for [REDACTED] hold, and updated the medication list. For Client#3, CG#1 called PCP to update Medication List and corrected the order that does not match the medication label. For all Client's MD's order copies sent to Case Management Agency and Compliance Manager. Pharmacy being notified by PCP for changes.	2/21/2020	CG#1 should always verify medication labels and MD's order to make sure MAR, MD's Order, and Medication Labels should matches. If there is any discrepancy, Prescriber, Pharmacy and Case Manager should notify as soon as possible.

Primary Caregiver's Signature: _____

Print Name: CHARITIE GAMIAO

Date of Signature: 03.05.2020